Ontario Professional Foresters Association

ONTARIO PROFESSIONAL FORESTERS ASSOCIATION

APPLICATION FOR

ASSOCIATE MEMBERSHIP

1. Personal Information

Name: _____ | _____ | _____
Legal Last Name | Legal First Name | Middle Name(s)

Preferred Name: _____ **Salutation** (optional): ◉ Mr. ○ Ms. ○ Mrs. ○ Dr. ○ N/A

Date of Birth: _____ / ___ / ___ (YYYY/MM/DD) **Gender** (optional): _____

OPFA Member #(if applicable) **:** _____

2. Home Address

Send correspondence to: ○ **Home** ○ **Business**

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Country: _____ **Phone Number:** _____ - _____ - _____

Email Address: _____

3. Business Address (* mandatory section if employed)

I am (pick one): ○ **Employed** ○ **Self-employed** ○ **Not Currently Employed**

Job Title: _____

Organization Name: _____

Street Address: _____

Mailing Address (if different): _____ ○ Same as Above

City: _____ **Province:** _____ **Postal Code:** _____

Country: _____ **Phone Number:** _____ - _____ - _____

Email Address: _____

4. Privacy Statement

The *Freedom of Information and Protection of Privacy Act* does not allow the OPFA to release a member's home address without their consent. The OPFA publishes an online membership directory for its members (www.opfa.ca). Members must sign into the Members Only side of the website to access the membership directory that contains the addresses of members where OPFA correspondence is sent (see Sections 2 & 3 above). The Member List that is accessible to the public does not contain addresses or contact information for our members.
NOTE: The OPFA's mailing list is not released to advertisers or any other outside parties.

5. Memberships

Are you a member of another technical society or professional organization? ○ Yes ○ No

If yes, please specify: _____

_____

6. Post-secondary Education

List degrees/diplomas obtained starting with the most recent (attach a separate sheet if additional space is required): NOTE: Transcripts must be sent directly from the issuing academic institution to the OPFA.

1. _____ _____
Institution Name — Province/State, Country

_____ _____
Program Name, Degree/Diploma Received — Graduation Month/Year

2. _____ _____
Institution Name — Province/State, Country

_____ _____
Program Name, Degree/Diploma Received — Graduation Month/Year

3. _____ _____
Institution Name — Province/State, Country

_____ _____
Program Name, Degree/Diploma Received — Graduation Month/Year

7. Experience

◯ **I have submitted a current resume or Curriculum Vitae to the OPFA office.**

8. Sponsors

◯ **I have provided my sponsors with a copy of my requested Scope of Practice and geographic area.**

◯ **I have instructed my sponsors to submit sponsorship forms directly to the OPFA office.**

1. **Name:** _____
OPFA #: _____

2. **Name**: _____
OPFA #: _____

9. Scope of Practice

a. Please state those specific aspects of professional forestry that you are requesting be approved in your OPFA Associate Member Scope of Practice:
Use a separate page at the end of this form if necessary. The definition of professional forestry and examples of aspects of professional forestry are included in the *Professional Foresters Act 2000*, Section 3 (1).

9. Scope of Practice (continued)

b. Please state the geographic area in which you intend to practise professional forestry:

c. Please state the most recent period (e.g. 2009-2014) in which you have experience in those aspects of professional forestry that you are requesting be approved in your OPFA Associate Member Scope of Practice:

10. Certification

I recognize that under the *Professional Foresters Act* a person commits an offence if he/she applies for membership by a false or fraudulent representation**.** I certify that the information provided in this form and in any documents attached is correct, complete and provides full disclosure. I also certify that, if granted membership under the terms of the *Professional Foresters Act 2000* and the by-laws of the association, I agree to abide by the terms of the *Professional Foresters Act 2000* and the association's by-laws (including the Code of Ethics and the Professional Standards of Practice).

Signature of Applicant: _____ **Date:** _____

11. Application and Membership Fees

There is no application fee for Provisional Members applying for Associate Membership.

The Annual Membership Fee will be required if your application is approved. Membership fees are prorated to the end of the fiscal year (December 1-November 30), and are listed on the OPFA website in the OPFA Fees Schedule.

You can pay your fees by mailing a cheque, money order, or MasterCard/Visa information to the address below, or by calling in your credit card information to the phone number below.

Note: This information is collected by the OPFA under the authority of the *Professional Foresters Act 2000* and will be used to assess the corresponding application for membership.

Completed forms are to be emailed to registration.coordinator@opfa.ca or faxed to the OPFA office at (905) 877-6766, or mailed to the Ontario Professional Foresters Association, 201-5 Wesleyan Street, Georgetown, Ontario, L7G 2E2.

Questions? Please contact the Registration Coordinator by phone: (905) 877-3679 or by email at: registration.coordinator@opfa.ca. Inquiries may also be mailed to the OPFA office at the above address.

If necessary, please continue the answer to any question on this page. Be sure to include the question number that you are answering: